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CASES IN SURGERY.

[Communicated to the Boston Society for Medical Improvement, by J. MASON WARREN, M.D.—Continued from page 326.]

CASE II.—*Formidable Case of "Aneurism by Anastomosis" of the Scalp.*

—S. J. M., a healthy young man, 19 years old, entered the Hospital on the 15th day of April, 1861, for the treatment of a tumor of the scalp, which had lately grown with great rapidity. About five years ago, it was noticed that the bloodvessels under the skin of the forehead were becoming enlarged, but it was only for about a year that a decided tumor had existed. The tumor was situated in the median line, and measured in its longest diameter about three inches, and in its smallest nearly two, its elevation being about two inches above the frontal bone. Its shape was irregular, its bulk about that of half a large orange, its appearance that of a large mass of earthworms enclosed in a sack. It was of a reddish color, soft and compressible, and had a pulsation synchronous with that at the wrist. It was supplied by a great number of large, tortuous vessels, which pulsated strongly. The temporal and frontal arteries in front, and the occipital artery behind, seemed to afford the chief supply of blood to the tumor. The frontal arteries were especially enlarged, being quite equal in size to the radial artery.* The patient had tried compression for six weeks without diminishing the size of the tumor, or the pulsation in it. All the vessels in the neighborhood of the tumor were not only greatly enlarged, but the whole surrounding tissue had that aneurismal thrill which belongs to affections of this description. It was spreading gradually and involving the whole thickness of the scalp on the top of the head. The attack of it, therefore, by ligature of the large vessels seemed to be at first of somewhat uncertain promise.

Operation.—On the 17th of April, the patient being etherized, a strong ligature was introduced under each large vessel supplying the tumor, by means of curved needles, and at as great a distance

* This tumor was similar to one described by Prof. Mussey, in a case in which he tied both carotids, and also to one which I described in connection with a case in which I also tied both carotid arteries.

as possible from the erectile tissue composing it. The ligatures were tied as tightly as possible, including the skin. The effect of this was to diminish the pulsation in the tumor, but not entirely to check it. Inside this circle three needles were therefore introduced under the skin, each about two and a half or three inches long, so as to include all the tissue around the tumor. Ligatures were introduced beneath these needles, and firmly tied. This served to cut off the circulation between the tumor and the surrounding tissues. There still continued to remain a sensation of vascular motion in the substance of the tumor. Two strong ligatures were therefore passed through the base of this last circle, and were brought over the summit of the tumor, and firmly tied. The operation lasted about an hour and a quarter. In the evening the patient was quiet, and slept for a good part of the time; his pulse was 70. On the 18th, he had some headache, and was much inclined to sleep; skin hot; pulse 82. There was no pulsation in the tumor, and small vesications were appearing on its surface. On the 19th, he was comfortable; pulse, skin and tongue natural; bowels had moved without medicine; appetite fair, and no unpleasant symptoms. On the 23d, the patient had remained comfortable since the last report; was sitting up in bed. There was a slight serous discharge by the side of the needles. On the 24th, there was a slight swelling of the right parotid gland, and a glossy appearance of the tissues between it and the tumor. Water dressings were applied over the whole surface. On the 27th, a ligature and a needle were removed. 29th.—It was found that a part of the tumor included between the ligatures was still alive, but no pulsation could be detected in it. On the 2d of May, I removed all the sutures and a portion of the slough, which was partially detached. On the 11th of May, the patient was again etherized, and two large needles passed at right angles to each other under the base of that portion of the tumor which still remained alive. A large and strong ligature was then passed under them and tied with great force. On the 15th of May, the patient having gone on well, the tumor being quite loose, the needles were withdrawn. A thick silk ligature was now passed around the base of the tumor and tied with a jerk, cutting off its remaining attachments and completely separating all the diseased tissue. This was followed by quite free bleeding, requiring the application of ligatures to one or two large arteries; the bleeding which occurred from the smaller vessels was checked by the use of a solution of perchloride of iron. On the 25th of May, the scab formed by the last application separated, leaving a healthy granulating surface. This healed kindly. Some weeks later, there being a suspicion of a slight erectile tissue remaining in a portion of the skin, I excised it, which finished the cure.

This case is interesting, first, from the large size of the erectile tumor; secondly, from the great calibre of the principal vessels which supplied it; thirdly, from the immunity from unhealthy action

in the skin, notwithstanding the great amount of that tissue implicated in the ligatures. The parotid gland at one time was certainly irritated, and the straining of the whole scalp caused a certain amount of swelling and an approach to œdema, but there was never anything like erythema, and but little constitutional disturbance. There is but little doubt that if the tumor had gone on much longer unchecked, the vascular system of the scalp would have become so implicated as to make any attempt to relieve the patient by operation unavailing.

DR. WARE'S LECTURES ON GENERAL THERAPEUTICS.

LECTURE XII.

WE may next pass in review a few of the considerations which are to guide us in the management of the mind of patients. I do not mean the management of the mind in its own diseases, but as one of the functions that may require to be regulated in any disease. This is a subject that would bear, as well as all the others treated, a wider consideration, but our attention must be limited to a few general points. We are becoming every day more and more aware of the great influence the mind is capable of exerting upon the body, as well as of the body upon the mind, both in health and disease, and of the importance of regulating this influence. This is particularly the case in chronic diseases, especially those of a functional character; but in acute also, though in a much less degree, the attention requires to be more or less directed to the state of the mind and the treatment to be arranged with a view to it.

The first question is as to the view of his disease, which the patient takes. Patients are very different as to the degree in which they take interest in the progress of their case. This is partly owing to temperament, and partly to the nature of the particular case and its influence upon the system. It often happens that they exhibit less anxiety in severe and dangerous cases than in those comparatively mild. This will be either because the present suffering so engrosses the whole attention that it is solely occupied by the desire of relief and the employment of means for it, or else because the perceptions are obtuse and blunted, and the subject is rendered so apathetic as actually to take little interest in his case or its dangers. He does not really comprehend his position. The alarm, the anxiety, the dread, is not at all in proportion to the severity of the disease. They are often great in trifling ones, and small in severe. Then, too, those who are by constitution nervous and apprehensive, and experience great dread of evil in ordinary ailments, become tranquil and submissive under the pressure of great and certain danger. Some persons are always despondent, not from any definite expectation of danger or death—whilst others are always hope-

ful and cheerful, even where the hazard to life is great. These conditions of mind are in these persons subjective, and depend but little upon the nature or intensity of the disease. No doubt the state of mind in these respects has some considerable effect upon the progress of disease, and still more upon the comfort of a sick person while going through with it, and a hopeful, cheerful frame of mind is always to be encouraged and cultivated.

Delirium, though a frequent occurrence in acute diseases, is not frequently an object of distinct treatment. It is an important element in most cases, and enters into the judgment of their character and the nature of the treatment they require, but the treatment has rarely in view the modification or removal of this symptom itself. Its importance as a symptom depends very much on the person and case. Some persons present it upon very slight ailments, others only upon the most serious. It is produced much more early and upon much slighter occasion in women and children than in men and adults, and also in some diseases than in others, and in some stages. It is a symptom which ought never to be overlooked and put aside hastily without weighing it. It does often occur under circumstances which show it to be unimportant; but it also sometimes occurs under circumstances which *seem* to show it to be unimportant, when it yet turns out not to have been so. When delirium, then, makes its appearance in an unaccustomed manner, at an unseasonable period, or out of proportion to the general tenor of the case, it is not to be neglected, but weighed well. We should inquire, whether there is anything other than the apparent character of the case which may have produced it—anything acting particularly on the patient's mind; anything in the mental influences around him, anything in the mode of treatment or the medicines administered? These circumstances all have an important bearing upon the question of prognosis and treatment. If delirium is simply a part of the regular course of the disease, its importance is much greater than if it have proceeded from any part of the treatment. Thus in some persons it comes on as a consequence of opium or some other narcotic, and is sometimes so considerable as to shroud the other symptoms of the case and cloud our judgment as to its management—since it is obvious that where this symptom is the result of such causes, it is of comparatively little consequence; for the danger connected with delirium is not from the delirium itself, but from that state of system from which it proceeds and which it indicates. If it proceed, therefore, from a dose of opium, belladonna or hyoscyamus, we may feel assured that it will subside on the omission of the medicine.

Usually this symptom requires no special modification of the treatment with a view to its direct removal. Where it is violent, and connected with disproportioned cerebral circulation and great heat, with general activity of the circulation, drawing blood by leeches—even by the lancet—with cold to the head, will be justifiable, and often give great relief. By diminishing the exhaustion occasioned

by this symptom, the evil of the loss of blood will be more than compensated.

Delirium is sometimes purely nervous and accompanied by a depressed circulation, an inactive skin and cold extremities, though there may be unequal heat in various parts of the body. In such cases, whatever be the particular disease present—antispasmodics, ethereal preparations, wine, camphor, opium, may be found of benefit in its alleviation. It may also arise, in the course of a variety of cases, from the irritation of undigested food, of the state of the bowels, and the state of the uterine function. In all cases it is desirable carefully to distinguish between that delirium which necessarily proceeds from the essential character and severity of the case, and that which is an accidental complication, as where it comes from nervous agitation, food, medicines, a disturbed uterus, &c. We are to be careful also that the imperfect comprehension and description of the slight confusion of mind which often arises on waking from sleep, even in very trivial affections, is not confounded with the delirium which enters into the character of the disease.

But it is not to the mind as a special subject of disease that our attention is chiefly called in practice, or to its condition in acute diseases. The most important circumstance in connection with the subject, is the indirect influence which the mind is capable of exerting upon the body in the production of disease—on its variations and modifications, and on its removal. There is scarcely any disease, even those which are organic in their nature, whose course is not somewhat modified by influences acting through the mind; whilst in those simply functional in their character, there is scarcely any which is not capable of being modified for better or worse by such influences.

In all chronic cases, then, whatever their nature, the state of the patient's mind is always to be held in view, and never to be regarded as a matter of indifference. There is always one condition of mind rather than another, under which the disease will be likely to go on well, and that state should be cultivated both directly and indirectly. A cheerful, confident and hopeful condition is that under which improvement is most likely to take place. The patient should be induced to some activity on agreeable subjects. He should have some occupation which employs his attention but does not render him anxious—which interests and occupies both his mind and body, and distracts him from all attention to the symptoms of his disease. Filling the patient's mind with pleasurable excitement and a constant succession of agreeable sensations, is an important aid to the effect of all treatment.

Frequent instances present themselves of the great influence which the state of the mind has in promoting the favorable influence of remedies. Tell a hypochondriacal dyspeptic that he must walk and ride in the open air as a regular habit for his health, and he undertakes it reluctantly; it is a painful labor—a task which he un-

dergoes with reluctance, as he takes a drug, and it does him little good. He suffers the slightest obstacles to deter him. He is afraid of sun and wind—of rain and snow—of fogs and east winds. Everything is a bugbear to him, and at every exposure he fancies he has caught a cold, or has contracted rheumatism. But let him be interested in field sports; let him go among woods, mountain lakes and rivers, with his dog and gun and a few genial companions, and all such obstacles are as nothing to him—they are forgotten. He will travel twenty miles a day without feeling it—sleep on the bare ground, in a wigwam or a log hut—live on half-cooked game and fish and coarse bread, and after a few weeks come home an altered man.

Evidences of this influence of mind on the body are constantly coming before us, not only in positive disease, but in that large class of patients who are always ailing, and whose minds are constantly dwelling on their ailments. The nervous, apprehensive, dyspeptic female, who cannot walk half a mile or do half an hour's house-work without really suffering from faintness, exhaustion and backache, will skate for half a day or dance for half a night without either. Whilst she has no strong purpose to call out the dormant energies of her will, she is apathetic and incapable; but let her child be sick, and she will watch for it and toil for it day and night; let her husband be reduced to poverty, and she will cheerfully do the duty of a housemaid and thrive upon it. We are apt to say that such a person might do the same things without this necessity, if she had only a mind to. The fact is, she cannot have a mind to. An element is wanting which she cannot supply. In the first case, her attention is directed to the *means*, and little good is the result; in the second, to the *end*, and much benefit follows. In the one case, she goes mechanically through certain bodily motions without pleasure or interest, merely that she may go through with them, and not because she obviously thus brings anything to pass; it is therefore constantly an irksome, fatiguing and disagreeable effort; in the other, she also goes through with certain bodily motions, requiring perhaps more outlay of strength, but then it is for a purpose of direct interest; for her amusement, to save her children, or to support her family, and she is sensible of no effort at all, but all is undergone with a species of satisfaction. We may not be able to see why there should be this difference, but it is a real one, which we constantly encounter in one way or another, and which nothing can do away with. It is a consequence of the mysterious influence of the mind and the affections upon the bodily organs through the brain and nerves, which we cannot understand or explain, but it is one of the most uniform of the facts which meet us in the study of disease, and is highly suggestive as to its management.

In various ways the direction of the attention to the bodily organs and to the manner in which the functions are performed, may produce distinct changes in the condition of those organs and their functions. This will depend upon the physical sensibility and the

mental susceptibility of the persons concerned. It is usually enumerated as one of the effects of imagination, and we have many familiar examples of it. Let the attention be directed to the bladder with the idea of evacuating it, and the disposition to do so will be immediately felt. Let a nervous and susceptible person think that he has swallowed any disgusting or poisonous article, and he immediately suffers the sensations which the cause would produce supposing it to be real—such as pain, nausea, vomiting, cramps, &c. Hence in disease, especially when long continued, this effect becomes an evil of no inconsiderable magnitude. New symptoms originate in this way, and may at last become a part of the disease, and have a real substantial existence. Question a very imaginative person about certain symptoms of which he has never complained, and sometimes he will soon have them. When a patient's mind has been excited with regard to some disease particularly dreaded very dangerous in its character, as lockjaw or hydrophobia, he may be sometimes soothed and his fears quieted by so questioning him as indirectly to fix his apprehensions upon some other malady, less frightful, to which his attention may thus be directed. Many of the strange vagaries of hypochondriacal and hysterical patients are due to this source, and even the mere dyspeptic may increase the intensity of his symptoms by dwelling upon them. There are very few of the class of persons of whom we are speaking, who, if their attention is habitually directed to the mode in which digestion is performed, will not have some imperfection in it created, or at least aggravated, by such constant dwelling of the mind upon it.

But though productive in this way of evil, a corresponding direction of the patient's attention to measures for his relief is often productive of a favorable effect. This effect usually indeed simply consists in giving him hope and courage while the process of recovery is going on, and thus preventing that despondency into which many are apt to fall when they are not employing any means from which they expect a distinct effect. To this is to be attributed the benefit which persons of a hopeful temperament are apt to experience from new remedies or a new course of treatment, even in incurable diseases. For months, and sometimes for years, in spite of constant disappointment, they are always about being cured by some new nostrum. In the early days of examination by the stethoscope, it was not uncommon for the application of this instrument and the use of percussion to be supposed remedial, and for patients to imagine themselves relieved. Sir Humphrey Davy narrates a case in which a paralytic patient expressed relief on the introduction of a thermometer into the mouth as preparatory to a different application, supposing it to be the remedy itself. Noting this, he relinquished his original purpose, and simply persevered with the continued application of the thermometer, and the patient went on to recovery.

It will be inferred from this statement, how important to the comfort of most patients, and even to the recovery of some, is the em-

ployment of some sort of treatment. There are few of us philosophical enough to endure pain and continued confinement without seeking some alleviation and using some remedies, even if we know that the disease is certain to go on its regular course quite unaffected by them. Patients frequently request us to give them something to do, even if it can do them no good. The weary hours are passed with less tediousness if the mind is fixed at certain intervals upon some distinct object of attention, something to be taken, something to be done. This brings up the question, much debated among physicians, how far it is justifiable to occupy the sick man by inefficacious remedies simply to amuse his imagination—*placeboes* as they are professionally called. There are some persons so reasonable and intelligent that they can be made to understand the principle on which recovery takes place, and are willing to wait patiently for the natural event. Still these are very few, and a large majority of sick persons must be doing something and acting under guidance. Fortunately, there are few cases in which something may not be done to relieve some symptom, remove some uncomfortable feeling, allay fever, quiet restlessness, procure sleep or support the strength, and that without any disagreeable or irritating remedy. With many persons it is all sufficient if they feel that they are acting under direction; that whatever they do as to food, drink, exercise, air, exposure, &c., is by the authority of one to whose guidance they have committed themselves, and with whose guidance they are satisfied, whether it be to many things or few things. How much it is justifiable to concede to this feeling on the part of patients or their friends, when it can only be satisfied by the adoption of many measures, must be left to the conscience of each individual. It is perfectly certain that there are many persons who can never be contented to labor under any disease, unless they feel that some distinct agencies are put in force for its relief. It is also equally certain that there is seldom any disease grave enough to be placed in the hands of a physician, for which, as has been just stated, some distinct treatment may not be employed with some sort of advantage.

Upon the whole, hardly any one thing contributes more to the comfort of the patient, and in no inconsiderable degree to his recovery, where recovery is possible, than a cheerful, tranquil and confident state of mind; and to this some degree of hope is almost essential, and is of course always to be encouraged. In a certain sense this may be done even in cases necessarily fatal, and known to be of fatal tendency by the patient, without any violation of truth or candor. The effect aimed at does not so much depend upon the importance of the object hoped for, as upon the state of hoping for something. The sentiment of hope is always an agreeable one, even where inspired by the most trivial consideration, and this sentiment is what we are to encourage. How can this be done, it may be asked, in a necessarily fatal case? Of course in all cases, where it can reasonably and honestly be done, the prospect of ultimate recovery is

to be kept in view. Where the patient is obliged to relinquish this, the postponement of the great evil of death to some distant period is often felt at first as a great boon, and imparts a state of cheerfulness and happiness; where this hope is relinquished, he may be encouraged to hope for an alleviation of prominent symptoms, a mitigation of his sufferings, and, last of all, when everything has failed, that he may escape a painful death. The shock of the great evil is soon over, the mind becomes accustomed to the contemplation of it, and may be cheered by some subordinate good to be anticipated, or some subordinate evil to be remedied. Men bear almost anything better than long-continued suspense and uncertainty, especially where there is a predominant apprehension of evil. When the hope of a great good is lost, a lesser one may take its place and perform the same office. It is astonishing how large a proportion of persons in fatal diseases, when once convinced of their fate, become accustomed to its contemplation, and tranquil, even hopeful, in spite of it. It is true that there is great difference of temperament, and that in some men the mind itself becomes morbid in this respect, and they become incapable of hope. But it is to be remarked that this is quite as likely to happen in cases where there is no reason for despair, whilst in those where the expectation of ultimate recovery has been abandoned, these subsidiary hopes of smaller benefits spring up the most frequently, and serve to render the days of sickness and the progress towards death cheerful and endurable.

DR. SPOONER ON THE DIFFERENT MODES OF TREATING DISEASE.

[Concluded from page 354.]

CASE V.—August 8th, 1856. Child aged 8 years. 1st day, case commenced with nausea and vomiting. 3d day, character of disease partially developed; eruption, in irregular patches of a light color, appeared on the chest; mouth and fauces very red; much distress at the stomach, with occasional vomiting; tenderness in abdomen, with diarrhœa. Heat of body irregular, and great restlessness. Directed carb. ammoniæ, ʒ ij., water, f ʒ ij. Dose, one teaspoonful every two hours. 4th day, eruption more developed, and the unfavorable symptoms in stomach and bowels much relieved. 5th day; at the close of the day, the smell of the ammonia was very distinct in the urine. Continued improvement. 6th day, the child looks up, and with a smiling countenance says she is well; has slept quietly; eruption gone; asks for food.

In this case, the ammonia was not given until the third day. Unlike those in which it was given on the first day, an abscess formed in each of the parotid glands.

Having given the successful, it remains to give the unsuccessful cases.

CASE I.—Child 2 years of age. I saw her for the first time at the close of the second day. She had had convulsions, from which she passed into coma, and in this condition she had been for eighteen hours; breathing very hard; eruption imperfectly developed; skin hot and dry; pulse very quick. Ammonia was not given until the morning of the third day; then it was given with difficulty, owing to the state of the throat. The child continued comatose until she sunk in death, on the next day.

CASE II.—In another case, a child under 3 years, in which there had been repeated attacks of convulsions; the ammonia was not given until after the third day—and then without benefit. The child died after a fortnight's sickness, with strongly-marked symptoms of effusion on the brain. In this case the eruption was very imperfectly developed on the skin, and the ammonia was given irregularly.

CASE III.—Child 2 years old. I saw this child when first attacked. She was vomiting violently; much distress in her expression; general coldness of the surface; purplish appearance of the face, particularly around the mouth. As an older brother was just recovering from an attack of the scarlatina, I had no doubt of the nature of the disease, and predicted to the mother that it would be a severe case. Directed that the ammonia should be given in doses of three grains, and repeated every two hours.

2d day.—Had a restless night; efflorescence on chest; faint and irregular patches; pulse very quick; very uneasy. Continue medicine.

3d day.—Efflorescence more developed on the chest, and extending to the extremities. General appearance more promising.

4th day.—Not so well. One half of the left foot deadly cold and white; left hand also cold; the rest of the body hot, and of a deep red. Continue the medicine. 5, P.M.—Child has been very restless through the day; extremities still cold. 6½, P.M., I was called to see the child. Blood has been found on the pillow near the mouth, unknown whether it came from the mouth or nose. 9½, called again; has had a profuse discharge of blood from the bowels—not less than one half pint. Directed diluted nitric acid. 11, P.M., another discharge of blood.

These discharges continued, with intervals of about two hours, until 6 o'clock, next day, when she died. Previous to each discharge there was great distress. Epigastrium very tender; bowels much distended. After a discharge of blood, the child would become easier, and for a short time would sleep. By degrees the distress would return, and continue until relieved by another discharge. The child was not vigorous; her stomach was particularly sensitive, and vomiting would occur from slight provocation. Within a few weeks of her death, for three days in succession, she vomited everything that she swallowed—even cold water. Sometimes, last summer, while undergoing the mumps, she also vomited everything.

It would seem, that in this patient there was a predisposition to

disease in the stomach, and that the rash, from some accidental cause, was repelled from the extremities, and fixed with deadly power upon the stomach. No examination was made after death, but the symptoms clearly indicated the stomach as the source from which the blood proceeded. The termination of the case was uncommon. I can find no mention of anything of the kind in any work within my reach.

Such has been my experience with the subcarbonate of ammonia in the treatment of scarlatina. This experience, I am aware, is not sufficient in itself to be conclusive; but as confirming the testimony of others, it has seemed to me instructive. The few cases that I have detailed, have commenced with violent symptoms, threatening serious results. The first case, that of my own child, is of special interest. This case was ushered in with convulsions, which occurred three times in six hours. It is not uncommon for other diseases to commence in the same way. In very young children, I have seen convulsions at the commencement of measles, lung fever and dysentery, and their occurrence usually indicates a severe affection. But with the exception of affections of the brain itself, the occurrence of convulsions at the commencement of scarlatina has seemed to me a more serious event than at the commencement of any other disease. I think that it is not difficult to account for this. When convulsions occur in the diseases above mentioned, the brain or nervous system is excited by sympathy, or by causes acting primarily on remote parts; whereas, in scarlatina, the convulsions are caused by its virus acting directly on the brain itself. With the exception of the single instance that I have stated, I cannot recall a case of scarlatina commencing with convulsions which has not closed either in death or in a lingering recovery and leaving unpleasant sequelæ.*

The question now recurs—what is the "*modus operandi*" of this medicine? An answer to this question necessarily involves some consideration of the cause or nature of the disease itself. I have already intimated, that erroneous views upon this subject have led to diverse and unsatisfactory modes of treating it.

Scarlatina has been regarded as a dynamic disease, or a disease of the vital textures, in which the fauces have been supposed to be specially involved. The varieties or forms of the disease are distinguished from each other, particularly by the condition of the fauces. But the fact that scarlatinous patients may be struck down immediately, or in a few hours, without anything to be found in the throat to account for the occurrence, is strong evidence that the affection of the fauces cannot be regarded as the primary disease, nor as the most important feature in the disease. On the other

* It is worthy of remark, that some of the most distinguished English medical authorities do not mention convulsions in connection with scarlatina. Neither Sydenham, nor Cullen, nor Good, nor Marshall Hall, mention the subject. Armstrong speaks of them as occurring now and then; and Copeland says, "In very young children convulsions may take place at or during the commencement of scarlatina." It certainly cannot be regarded as an uncommon occurrence with us. I do not remember any season, during the last twenty years, in which the scarlatina has prevailed in the neighborhood where I live, and in no year has it been sufficiently extended to be called an epidemic, that cases of this description have not occurred.

hand, is it not obvious that it is the poison acting on the brain, which produces the most alarming symptoms, and the most prominent features? When this poison is very virulent, or the patient very susceptible to its effects, it may produce apoplexy, or sudden death; or it may cause convulsions terminating in coma, from which the patient may never recover. When the poison is less virulent, or the patient less susceptible, the impression on the brain will produce vomiting, general distress and anxiety, with much prostration, greatly impairing all the functions, especially those of the skin and kidneys, in consequence of which there is imperfect development of the disease on the surface, and an undue accumulation of it on the fauces. Or the impression may be mild, producing nothing but a partial and temporary interruption of the normal functions, the system being relieved of its annoyance by the specific action of the virus on the surface.

With this view of scarlatina, it is evident that the affections of the throat or skin are consequential or secondary. They are to be regarded as manifestations of the disease, holding the same place in scarlatina that ulcers of the skin do in syphilis.

In like manner, in the treatment of the disease, everything has been done with the view of controlling dynamic action. Much attention has been given to the treatment of the affection of the throat, by local applications to it; and the general treatment has been stimulant or the reverse, as the disease has been one of depression or excitement. It is evident, that the physicians who first brought ammonia into notice, regarded it as a stimulant, in accordance with the current medical views of their times. They recommend that it should be given as stimulating as possible. It seems to have escaped the observation of these physicians, that they found this medicine of equal value in all forms of the disease, whether of excitement or depression. Brandy, wine and bark, they say, had been used by them, as it had been by others, without any special benefit in low forms of scarlatina—and yet have any medicines been discovered of greater service, in diseases calling for stimulants, than these?

In the treatment of scarlatina, ammonia has been found of value in cases of much depression, and quite as much so in cases of high excitement. In the case of my own child, there was no call for stimulants. Indeed, it was one of those cases which a few years ago would have been regarded fit for the most active antiphlogistic treatment. The action of the heart was tumultuous, the lungs panting, the skin burning with heat—why add fuel to the flame threatening to destroy the house? In the article in *Braithwaite*, which I have referred to, Dr. Wilkinson is quoted as saying “that it [the ammonia] possesses the power of increasing the strength of the arterial circulation, at the same time that it diminishes its frequency; that it supports the vis vitæ without increasing the heat or irritability of the system, and by this means counteracts the tendency to ulceration and sloughing.” Allowing this to be true, the question

again recurs, is the action of the medicine directly upon the vis vitæ or dynamic power? or does it act indirectly upon them, by first altering the condition of the blood, or by neutralizing the poison that is circulating through the system?

If it be admitted that scarlatina is caused by a poison, however it may be produced, there can be but two ways of treating it: one, by supporting the patient, alleviating his sufferings, if we can, and allowing the system every facility to work out its own cure; the other, by finding an antidote to the poison, which will neutralize it, and either cut short the disease, or mitigate its severity and take away its danger. The latter, I am persuaded, is the effect of subcarbonate of ammonia in scarlatina; and I believe that many years will not have passed before this medicine will have taken its place by the side of cinchona and its derivatives as a reliable specific.

I have thus endeavored to illustrate what I have termed the chemical treatment of disease. The subject is very far from being exhausted, and I feel my want of ability to treat it as it should be treated. It is opening a wide field for investigation, and presenting many subjects of interest, which will require extensive observations, and many experiments, both chemical and therapeutic, before they can be thoroughly understood and made of practical importance.

The division of diseases into dynamic and chemical is founded on a natural distinction, existing in the system itself. On the one hand, we have the principle of life, known by the several names--vis vitæ, sensorial fluid, energy of the brain, vital or dynamic powers, nerve power, which, acting in and through the nervous system, excites and controls the functions and actions of the whole body. On the other hand, we have the animal structure, with its varied organs and textures, and, most of all, the blood, which enters into and forms a constituent of every part, dependent on certain primary elements in due proportions, and without any foreign or noxious admixtures, for the maintenance of the health and vigor of the body. Each of these parts of the living system is susceptible of being affected by different causes and in different ways; and at the same time they are mutually dependent and constantly acting on each other. The former is liable to be affected by various articles introduced into the stomach, either as medicine or drink; by mental conditions and emotions from within, and states of the atmosphere, both caloric and electric, from without; and as a consequence all the functions employed in building up, preserving and purifying the body, may become seriously deranged, or suddenly paralyzed. The latter may be affected through the lungs, the stomach and the skin, by the admission of deleterious articles, either in a fluid or gaseous state, which first mingling with the blood may act directly on the tissues, or by a sudden impression on the brain interrupt all the functions and produce lingering disease or sudden death.

Corresponding to these natural divisions of the body, both in health and disease, should be our treatment--1st. The dynamic, by

which the curative efforts of nature to restore the system from an abnormal to a normal state should be supported, aided or directed. 2d. The chemical, by the use of such articles as shall destroy morbid growth of a local character; or of such as shall neutralize poisons, which are disturbing or threatening to destroy the whole fabric.

Army Medical Intelligence.

To the Surgeon-General.

WHITEHOUSE, VA., MAY 27th, 1862.

SIR,—In accordance with your instructions, I came on with the party of "Surgeons detailed on the order of Surg. Tripler, U. S. A., Medical Director," &c., leaving Massachusetts on Thursday evening, May 22d, for New York by Norwich. We reached Baltimore on the afternoon of the 23d, whence, after calling on the Provost Marshal and the Quartermaster, we took boat for Fortress Monroe, arriving on Saturday morning, the 24th. As advised by you, I called at once on Dr. Cuyler, with your compliments and for direction. He desired me to detail two of the surgeons, young men, to assist in the care of the sick and wounded at Fortress Monroe. Accordingly, on his written order, after conference with the surgeons in question, and consultation with my colleagues, Drs. Mack, Thorndike and Munroe, I detailed Dr. Crooker and Dr. Blanchard, who remain at Fortress Monroe. At about 11 o'clock of Saturday morning, the 24th, with a permit from the Quartermaster at Fortress Monroe, we took boat for this place—Whitehouse—on the Pamunkey River, the present terminus of the railroad from Richmond, over which cars ran for the first time, since the flight of the enemy, on Sunday, the 25th, to Tunstall's station, a distance of five miles, and yesterday to Dispatch, fifteen miles. We reached Whitehouse on Saturday evening. On calling at Dr. Tripler's quarters, I found that he was at Yorktown, but would return in the course of the night. Early on Sunday morning I called on him again, and made an appointment to meet him at the Field Hospital here for preparation of the contracts and disposition of the surgeons. We find here the largest field hospital in the Army, with at present about thirteen hundred patients; but there was said to be also great need of surgical assistance at Yorktown, since relieved. Accordingly, after signature of the contracts, Dr. Tripler detailed Drs. Ainsworth, Seveance, Lamb, Carpenter, Howe, Brown, Fuller, Cummings, Morse, Hitchcock and McCollister, to report at Yorktown; while Drs. Munroe, Fletcher, Seymour, Campbell, Stocker, Millett, Underwood and Greene, were ordered to report to Dr. Baxter here. Drs. Mack, Thorndike and myself are "at large," as you advised. On Sunday, the 25th, we visited Brigade Surgeon Bigelow, formerly of Massachusetts, latterly of Paris, France, who is sick on board the Floating Hospital Commodore. Yesterday, the 26th, we went up on the cars to the Station Dispatch on the Richmond Railroad, and then on foot some four or five miles to the headquarters of the Massachusetts 15th and Massachusetts 19th, both a little in the rear of Gen. McClellan's headquarters. We found them in good medical and general condition. After our return to the Station Dispatch, we fell in with Surg. Tripler and Surgeon-General Smith, the latter an old and particular friend of mine, who invited us to his headquarters, the steamer *Whildin*, which

is also the quarters of Dr. Tripler when at Whitehouse. Here we passed the night, and are under obligations for distinguished courtesy.

Yours respectfully,

JOSEPH SARGENT.

To the Surg.-General.

{ DAWFUSKIE ISLAND, S. C., MAY 6, 1862.
CAMP OF 28TH REG'T MASS. VOLS.

DEAR SIR,—I have just received your note informing me that a package of quinine, for prophylactic purposes, has been forwarded me, and I make use of the opportunity offered in acknowledging the receipt of the letter (the quinine has not yet arrived) to give you a short history of the regiment from the time I last reported. When I wrote last, we were at Hilton Head. A nice camp enabled us to live comfortably, in spite of the disagreeably sandy soil; although the sameness of the life we led furnished but little to talk about, and the health of the regiment continued generally good. On the night of Sunday, April 6th, however, after midnight, and at an hour when all good people are supposed to be in bed, I became conscious of the presence of Adjutant Sanborn by my bedside. An "official business" envelope in his hand, and the announcement that orders had just then arrived for us to be ready to start by 8 o'clock in the morning, readily explained his business; and by 8 o'clock in the morning the regiment was ready to start. The "Order" did not allow the carrying of tents or heavy baggage, as it was supposed that we might have an immediate engagement. So, with hospital knapsack strapped upon his back, I started with an orderly, leaving Dr. Snow to superintend the transportation of our heavier baggage, and to "wind up" the affairs of the "concern" at Hilton Head.

The cause of this sudden start was, I believe, that an attack was anticipated on Dawfuskie as soon as fire was opened upon Pulaski, and it is thought that our arrival prevented the attack from taking place. Whether such be the case, I do not know, but certain it is that the "Ben Deford"—the same boat in which I went to Washington in the 9th—took the regiment to Dawfuskie, on Monday, the 7th ult., landing us at Heig's point, at the upper end of this island, early in the afternoon. We bivouacked that night in the woods there, and on the following morning marched about six miles to near our present camping ground. The tents and baggage did not arrive until the afternoon of the 11th—the day of the surrender of Fort Pulaski—and we built little huts, and lived as well as we could in the woods in the mean time; the men suffering but very little during the whole time. During one morning, indeed, the flood-gates of heaven opened upon us, and as the huts served merely to turn the little torrents from their legitimate course to the ground up to the heads of the inmates, the men soon looked more like "drowned rats," as the common phrase says, than like a band of patriots, &c.; but it did not last all the time, and when the sun broke through the clouds again they dried their clothing, felt as merry as ever, and suffered nothing from their ducking. Upon the arrival of the tents on the 11th, about the time of the surrender of the Fort, which is within sight, the camp was immediately laid out, and once again the men felt as if they had a home.

Dawfuskie is but one of hundreds of islands which lie along this coast. It is a beautiful place, well covered with woods, and abounding in game. The men frequently go into the woods, with split peas for shot, and bring home rabbits in return—while they not infrequently show

their regard for "the doctor" by dragging along a huge rattlesnake, or some other such representative of Secessia they have killed in the course of their rambles. Many of the other islands consist merely of deposits of mud, over which the high tides rise; and before the surrender of Pulaski it was by the occupancy of two such islands that all communication between the city and Fort had been cut off. You may readily judge of the sanitary value of the posts from this description of them. On the day of our arrival here, viz., on the 8th of April, and immediately upon our arrival, two companies (A and K) were detailed to do duty there; and, without tents or shelter for most of the time they were there, they were obliged, night and day, to live in mud and water—their only choice being between standing in water and lying in water. Two of our companies (D and I) are on these islands now, but they are comparatively comfortable. I visited them last Sunday, and they are well satisfied with the place. Embankments have been thrown up, trenches have been dug, the tents have been provided with flooring, raised a foot or more from the ground, or rather mud, and no high tides have yet visited them. Many from the first companies suffered much by their sojourn on these islands, but those there now have given me but little trouble. Diarrhœa and dysentery prevailed more than anything else, but a few instructions, and a few medicines left with Capt. Magner on one of the islands (they lie within long rifle shot of each other) have banished even these, and at the present time the men are all well.

Besides these, four more companies have been detached from the regiment for the purpose of doing picket duty at Heig's Point and Cooper river landing, at the other end of this island. Pickets are thrown out on to the marshy islands opposite these points, in view of the rebel pickets, and within hearing of the rebel drums. The high trees along the shore, too, are used as "lookouts" in which men are kept on the watch.

Dr. Snow is with this detachment, and he has but very little sickness to trouble him. Generally, compared with the regiments about us, we are remarkably healthy—and even without any comparison, we have reason to congratulate ourselves upon our good fortune. This morning's report, of which I send a copy, shows the sanitary state of the regiment pretty fairly.

When leaving Hilton Head, it was supposed that we were going into action immediately, and in consequence I sent to the General Hospital there the half dozen patients I then had in hospital. I have learned that since then one of them is dead, and as I did not consider that his state when sent to the hospital justified him in dying, I shall hereafter avoid as much as possible sending men to the post hospitals. The results do not always accord with our anticipations.

On the first of last month ended the quarter for which I was supplied with medicines, &c., and, in accordance with regulations, I sent in a return of what remained "on hand," as also a requisition for what might be needed during the next quarter. The original supply, however, was so plentiful that I needed but little in addition; and what with the extra donations due to the generosity of Mrs. Otis, the medical department now stands well supplied.

The weather is now, and has been throughout, very warm here. Broad-leafed hats have supplanted the military cap, and one feels much more comfortable minus a coat than in uniform. I suppose the good

ladies of Boston and vicinity will soon begin to turn their attention to the manufacture of Havelocks for the soldiers, but they are really of little use. On the Potomac, last summer, they were found of some use in cleaning guns, indeed, but in most cases it is respect alone for the giver that prevents one from turning them to use in some such way—for they add to the weight of the cap without adding to one's comfort. If they could be made so as to be worn without the cap, they might become of some service.

Yours, with respect,

P. A. O'CONNELL,
Surgeon 28th Regiment Mass. Vols.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JUNE 5, 1862.

ANNIVERSARY OF THE MASSACHUSETTS MEDICAL SOCIETY.—The Annual Meeting of our State Society was held on Wednesday last, and was an occasion of unusual scientific interest. The gathering of its members was not so large as usual, owing in part, doubtless, to the fact that there was no Society dinner this year, and partly, no doubt, to the rigid economy which some of our brethren are compelled to practise at the present time, making even the moderate expense of a trip to Boston an item to be set down to the score of an unnecessary luxury. Our professional brethren in the manufacturing towns feel the pinch of the war, as we have had opportunity of knowing, not a little. We do not regret, under the circumstances, that the usual dinner was omitted. The prevailing feeling of the time is not in unison with the cheerful and care-forgetting spirit which properly belongs to these occasions, and the noticeable absence of so many of our friends would have made it more sad than joyous. The number of members in attendance at the meeting, however, was large enough to furnish a respectable audience for the scientific communications of the day. We were unfortunately prevented from being present throughout the meeting, but we hear of a valuable paper by Dr. Shattuck on Typhoid Fever, a report on Kerosolene from the Middlesex East District Med. Society, presented by Dr. Chapin, a communication from Dr. Ruppaner, embodying his own experience and what he could gather of the experience of others from the medical publications within his reach, in the practice of hypodermic injections for neuralgia and other painful affections. Prof. Henry J. Bigelow made a valuable communication on Dislocations of the Hip-joint, presenting some original views on the subject, of a highly interesting character, which were demonstrated in the most satisfactory manner by means of anatomical specimens. We feel warranted in saying, that this paper, when published, will be found to be a very important contribution to practical surgery. Notwithstanding all that has been written and said on these injuries, we think Dr. Bigelow demonstrated that there are anatomical facts connected with them which have not before been fully understood, bearing directly upon treatment, a knowledge of which gives an easy method of reduction in cases where, notwithstanding the employment of enormous and destructive force, the attempt has often failed. We will not

attempt to anticipate the publication of his views, but are confident they will be received by the profession at large, as they were by the Society, by acclamation. A series of excellent resolutions was offered by Dr. John Jeffries, and adopted by the Society, expressive of its cordial sympathy with and respect for those of its members who had gone forth in the service of our country in the present solemn epoch of its history, and declaring its readiness to respond at any moment to the call of patriotism and humanity.

The Anniversary Address was delivered by Dr. Henry I. Bowditch, and was heard with marked attention by all present. The subject of his discourse was, "The Topographical Distribution of Consumption, or Locality as a Cause of Consumption in New England." On several occasions, within the last five years, Dr. Bowditch has laid before the Society his incomplete views on this vitally important subject, and this year felt warranted in presenting, in answer to the invitation of the Society to deliver the Annual Address, his full and complete deductions from his prolonged and arduous investigation, summed up in what he fully believes is the most important law of cause of this dire malady in New England. *Prolonged exposure to a moist atmosphere by continued residence in damp localities*, is, in short, the main influence, in Dr. Bowditch's judgment, which makes consumption the scourge that it is here. This is no hasty view, based on preconceived opinion, but a most palpable result from the immense mass of statistical facts which he has collected with great labor from every town in our Commonwealth, and which were laid before his audience in a way to produce a most profound impression. Some of the evidence offered was of a most surprising character; stamping upon certain portions of towns the deadly seal of the destroyer, and even attaching to particular houses an almost certain doom to the residents; and in every instance in immediate connection with the influences which, in accordance with this theory, are the principal cause. We must confess that, listening as we did, with unabated interest, from the beginning to the end of his discourse, we could hardly resist the conviction that the conclusions presented were unanswerable. In so weighty a matter, however, we should be unwilling to give our final opinion until, with the address in print before us, we have the opportunity for a deliberate conviction, based on a calmer judgment than was possible to a listener under the magnetic influence of the orator's enthusiasm. We may safely say now, however, that the Society has never listened to an Annual Address more calculated to do itself and its author honor, than that of this year's anniversary. We look back upon the whole occasion with great satisfaction, as tending to raise the character of our annual anniversary and reflect credit upon the State Society.

In the *Archives Générales de Médecine* for April, we find an interesting report of a communication to the French Academy of Medicine by M. Briquet, on Hospital Hygiene. M. Briquet discusses the value of the statistics on this subject, showing how little reliance can be placed on many of them, even when the statements have been made by men of high reputation, such is the influence of prejudice, of outside influence, preventing a fair report of facts, or such the incompetency of those by whom the alleged facts are given. One amusing paragraph we cannot forbear translating, as a little specimen of the way in which "others see us," or rather do *not* see us, and at the same time of the

critic's accuracy. "As for American statistics," says the reporter, "M. Briquet believes them less than all the others. And, in this connection, a single example will prove how necessary it is to distrust all such evidence. M. Malgaigne has spoken of the Hospital of Massachusetts; now there is not a town in America which bears that name!" Oh wise and geographical Monsieur Briquet! Oh learned Academy, that "didn't see it"!

The following are the names of the Surgeons from this State, mentioned in the JOURNAL last week as having been detailed by the Surgeon-General, and leaving Boston for active service in the Army of the Potomac. Drs. Joseph Sargent, Worcester; F. S. Ainsworth, Boston; William Mack, Salem; William F. Thorndike and Benjamin F. Campbell, East Boston; A. LeBaron Monroe, Medway; Joel Seaverns, Jamaica Plain; Ariel I. Cummings, Roxbury; William D. Lamb and Julius H. Morse, Lawrence; Benoni Carpenter, Taunton; Francis A. Howe, Newburyport; Benjamin F. Crocker, Bridgewater; Jonathan Brown, Tewksbury; H. H. Fuller, Marine Hospital, Chelsea; Joseph G. S. Hitchcock, Foxboro'; J. Q. McCollister, Groton Junction; Wm. K. Fletcher, Fitchburg; L. D. Seymour, Greenfield; Alfred A. Stocker, Cambridgeport; Asa Millet, Abington; Joseph Underwood, West Cambridge; F. C. Green, Northampton; A. D. Blanchard, Lawrence.

ARMY MEDICAL APPOINTMENTS.—Dr. Henry W. Lincoln, of Hubbardston, has been appointed Assistant Surgeon of the 7th Regiment, vice Dr. Adams promoted to Surgeon and attached to 32d Regiment.

Dr. Wm. L. Faxon, of Quincy, has been appointed Assistant Surgeon of the 32d Regiment.

Dr. Charles A. Davis, of Chelsea, and Dr. S. C. Hartwell, of Southboro', have been detailed to the 2d Mass. Regiment, the Surgeon and Assistant Surgeon of that Regiment having been taken prisoners.

Brig. Surg. R. H. Gilbert has been appointed Medical Purveyor at Fortress Monroe, in place of Dr. Sheldon, who is to take charge of the Military Hospitals at Norfolk.

Dr. Calvin Ellis, of Boston, has left for Whitehouse, Va., having been detailed by the Governor for medical service in that State.

THE Beach Street Museum building has recently been opened by the United States authorities in this city, and the medical charge is under the Surgeon-General of this State, for the temporary accommodation of the sick and wounded.—The beautiful grounds of the Massachusetts Hospital are now studded with hospital tents, and everything is ready for the reception of the sick. We are glad to add that in this city everything works systematically and harmoniously, and there is no clashing of interests.

INGREDIENTS OF DUBLIN PORTER.—Dublin porter has been analyzed in an elaborate manner, and a statement of the results appears in the *Journal of the Royal Dublin Society*. One gallon was found to contain of fixed organic matter, 4689.70 parts; fixed inorganic matter, 297.64; alcohol, 6356.0; acetic acid, 252.0; sugar, 120.50; albumen, 552.0; extractive matter, 4017.30; silica, 20.30; phosphate of magnesia, 59.71; phosphate of lime, 11.06; phosphoric acid, 44.31; sulphate of potash, 42.0; potash, 83.16; chloride of sodium, 31.36; soda, 6.74.

Without expressing any opinion as to the medicinal virtues of the porter examined, the analysis draws attention to the fact that it contains a large quantity of heat-giving and flesh-forming matters, as well as the necessary inorganic constituents required in the formation of bone and flesh.—*London Paper.*

MEDICAL MISCELLANY.—The operation of excision of the knee-joint was recently performed with success at the *Hopital de la Sainte Famille*, in Montreal, by Dr. Hingston. This is said to be the first performance of the operation in Canada.—The Tenth Annual Meeting of the American Pharmaceutical Association will be held at Philadelphia in August next. The meeting last year was postponed. Several important questions connected with materia medica, practical pharmacy and chemistry, are expected to come before the meeting.—The Annual Meeting of the Ohio State Medical Society takes place this year at the *Ohio White Sulphur Springs*, on the 17th inst.—The Sixteenth Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane, postponed from June 11th, 1861, will be held at Providence, R. I., on the 10th inst.—The library of the late Dr. J. W. Francis, of New York, is to be sold at auction during this month, at 594 Broadway. The catalogue is said to be very extensive.—The North Eastern Dispensary has been lately organized in New York. It is situated at the corner of Lexington Avenue and 51st Street. In a part of the building several patriotic and benevolent women have opened a Home for returning sick and wounded soldiers. Beds to the number of 140 have been provided by Government, and 70 patients were last week accommodated.—Two wards in the Jews' Hospital, 28th St., New York, have also been taken by Government and provided with accommodations for invalid soldiers. The wards are very spacious, and the beds are far apart, each having a table and sick chair.

VITAL STATISTICS OF BOSTON.
FOR THE WEEK ENDING SATURDAY, MAY 31st, 1862.

| DEATHS. | | | |
|---|--------|---------|-------|
| | Males. | Females | Total |
| Deaths during the week, | 46 | 49 | 95 |
| Average Mortality of the corresponding weeks of the ten years, 1851-1861, | 39.3 | 36.6 | 75.9 |
| Average corrected to increased population, | .. | .. | 84.66 |
| Deaths of persons above 90, | .. | 1 | 1 |

| Mortality from Prevailing Diseases. | | | | | | | |
|-------------------------------------|------------|--------|------------|------------|----------|------------|-----------|
| Phthisis. | Chol. Inf. | Croup. | Scar. Fev. | Pneumonia. | Variola. | Dysentery. | Typ. Fev. |
| 17 | 1 | 1 | 10 | 9 | 0 | 0 | 0 |

METEOROLOGY.
From Observations taken at the Observatory of Harvard College —For the week ending May 17th.

| | | | |
|---------------------------------------|--------|---|------|
| Mean height of Barometer, | 30.063 | Highest point of Thermometer, | 83.0 |
| Highest point of Barometer, | 30.250 | Lowest point of Thermometer, | 38.0 |
| Lowest point of Barometer, | 29.594 | General direction of Wind, | S.W. |
| Mean Temperature, | 61.0 | Am't of Rain (inches), | 0.00 |

COMMUNICATIONS RECEIVED.—The proceedings at the Annual Meeting of the Connecticut River Valley Medical Association, have been received, and will be inserted next week. A letter from Surgeon James Bryan, of the Burnside Expedition, was received too late for publication this week.

BOOKS RECEIVED.—*Hand-Book of Surgical Operations.* By Stephen Smith, M.D., Surgeon to Bellevue Hospital. New York: Baillière Brothers, 440 Broadway.

MARRIED.—In Brooklyn, N. Y., May 23th, Lewis S. Paddock, M.D., of Norwich, Conn., to Miss Mary E. Addams, of Brooklyn.

DIED.—In Freetown, May 23d, Seth P. Williams, M.D., 72.

DEATHS IN BOSTON for the week ending Saturday noon, May 31st, 95. Males, 46—Females, 49.—Accidents, 3—apoplexy, 1—congestion of the brain, 1—disease of the brain, 6—bronchitis, 4—cancer, 1—cholera infantum, 1—consumption, 17—convulsions, 2—croup, 1—dropsy, 1—dropsy of the brain, 4—rheumatism, 1—bilious fever, 1—scarlet fever, 10—infantile disease, 2—jaundice, 1—congestion of the lungs, 1—influenza of the lungs, 9—marasmus, 5—measles, 6—old age, 2—premature birth, 6—puerperal disease, 1—lisease of the spine, 1—suicide, 1—syphilis, 1—unknown, 3—whooping cough, 2.

Under 5 years of age, 55—between 5 and 20 years, 12—between 20 and 40 years, 13—between 40 and 60 years, 8—above 60 years, 7. Born in the United States, 75—Ireland, 16—other places, 6.